

# 2018

## County of San Luis Obispo Active Employee Benefits Brochure



2018 OPEN ENROLLMENT PERIOD:  
NOVEMBER 13 – NOVEMBER 30, 2017



# 2018 Open Enrollment Checklist

Check When Completed	Action Item	Due Date
<input type="checkbox"/>	Attend an Open Enrollment Educational Workshop (Optional)*	October 17 - November 1, 2017
<input type="checkbox"/>	Select a New Medical Plan	November 13 - 30, 2017
<input type="checkbox"/>	Make Benefits Elections Online at BenXcel.net	November 13 - 30, 2017
<input type="checkbox"/>	Add Dependents to Your Medical Plan	November 13 - 30, 2017
<input type="checkbox"/>	Review or Change Your Other Benefit Enrollments - Be Sure to Verify Dependents	November 13 - 30, 2017
<input type="checkbox"/>	Verify & Print Confirmation Statement from Portal	November 13 -30, 2017
<input type="checkbox"/>	Refill Maintenance Medications Before the New Year to Ensure a Smooth Transition to New Pharmacy Manager Express Scripts	December 1 -31, 2017
<input type="checkbox"/>	Submit Disabled Dependent Certification to HR if Covering a Disabled Dependent	December 1, 2017

\* Optional. The presentation will also be available online for those that cannot attend a workshop.

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# TIME TO MAKE NEW CHOICES

At the County of San Luis Obispo we value your contributions to our community and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, as a retiree. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to the Summary of Benefits and Coverage (SBCs) available at [www.slocounty.ca.gov/hr](http://www.slocounty.ca.gov/hr). The plan benefit booklets determine how all benefits are paid. A list of plan contacts is included at the back of this guide.

## Important Eligibility Information

- All benefit eligible employees must take action.
- Employees are required to make an active medical insurance plan election online through [www.benxcel.net](http://www.benxcel.net) between November 13 - 30, 2017.
- Employees that fail to make an election during 2018 Open Enrollment will be defaulted into Anthem Select.
- Employees that waive County medical insurance will be required to upload proof of other group coverage online by November 30th.
- Employees that fail to provide proof of other group coverage during 2018 Open Enrollment will be defaulted into Anthem Select.

**The benefits in this summary are effective:**

January 1, 2018 - December 31, 2018

**OPEN ENROLLMENT PERIOD:**

November 13 – November 30, 2017

# WHAT IS NEW IN 2018?

This year the County will be entering the CSAC EIA Health program, a Joint Powers Authority (JPA) for cities, counties and special districts. The founding principle of EIA Health is to provide a stable and cost-effective health insurance option for Public Entities. EIA Health has created value and long-term rate stability by combining the risks of participating employer groups with similar risk profiles.

The County's medical plans will be implemented through EIA Health effective January 1, 2018. The transition to EIA Health will allow the County to provide comparable medical plans, flexibility to make plan design changes to react to local needs and the ability to introduce medical benefit and wellness programs to actively manage premium costs. Effective January 1, 2018 there will be important changes to your County-sponsored medical benefits. The 2018 Open Enrollment period will focus on educating retirees on the best options to meet their needs while promoting health and wellness.

## ACTION REQUIRED

- Every employee must enroll online during 2018 Open Enrollment at [www.benxcel.net](http://www.benxcel.net) which is between November 13 - 30, 2017.

### Other Important Changes Include:

- **Online Enrollment:** The County will benefit from enhanced benefits administration technology that provides a personalized online portal for each enrollee through Benefit Coordinators Corporation (BCC). Employees will be able to review all of their benefits enrollment information in one place 24 hours a day, 7 days a week. Printable confirmation statements of your elections will also be available.
- **Online Enrollment Assistance:** A representative will be available at the Kimball Computer Lab at 1144 Monterey Suite C San Luis Obispo on November 13, 21 and 27 to assist employees and retirees with online enrollment.
- **Educational Workshops:** The County will conduct educational workshops at various locations around the County to educate participants on the changes. Please reference page 6 of this brochure for more details.
- **A New Plan Design: Exclusive Provider Organization (EPO):** The County will introduce a new plan design in 2018 – an Exclusive Provider Organization (EPO). The County's EPO plan has no annual deductible, low copayments and access to Anthem's nationwide PPO network without referrals. An EPO is a healthcare benefit organization that is similar to a PPO in administration, structure, and operation, but which does not cover out-of-network care. An EPO includes insurance carriers' contracted PPO providers. In an EPO, you are not assigned a Primary Care Physician (PCP) and a PCP referral is not required to visit a specialist.
- **A New Plan: Anthem Exclusive Provider Organization (EPO):** The County will now offer an EPO plan administered by Anthem. The County will not offer an HMO plan design. Please reference the summary of medical benefits shown on the comparison chart (page 14) of this brochure for details.
- **New Pharmacy Benefits Manager:** Express Scripts will be your new pharmacy provider for retail and mail order prescriptions replacing Optum Rx and CVS Caremark. You will receive an Express Scripts ID card in the mail and **must use this ID card** when you go to your local pharmacy to refill your medications. If you are using a mail order maintenance medication, you will need to have your doctor submit a new prescription to Express Scripts after January 1, 2018.

# OPEN ENROLLMENT TIPS

Open Enrollment will take place from **November 13 – November 30, 2017**. During this time, you can enroll in new programs, edit dependents and make changes to your current benefits.

## What Changes Can I Make?

- **Enroll** in any of the County-sponsored plans and voluntary benefits;
- **Change or cancel** your plan choices;
- **Add or drop** dependent coverage (**Please Note:** If you cancel a dependent's coverage during Open Enrollment, that dependent is **not** eligible for COBRA);
- **Add, change, or cancel** your voluntary Life, Disability, Critical Illness, and/or Accident Insurance;
- **Participate** for the first time or continue to participate in FSA Healthcare or Dependent Care;
- **Opt out or waive** participation in County sponsored medical benefits. If you opt out of medical insurance you will be required to provide proof of other group coverage. You will not be eligible to participate in benefits until the next open enrollment period unless you have a qualifying event.
- **Combine coverage** with a spouse or registered domestic partner who is also a benefit eligible County employee.

## How do I Enroll?

You must **go online** between November 13 – 30 to the County's eBenefits website, [www.benxcel.net](http://www.benxcel.net), to make all plan changes, dependent additions or deletions, FSA or Dependent Care enrollment, address changes and personal information updates. To access the online enrollment following the steps below:

1. Website: [www.benxcel.net](http://www.benxcel.net)
2. Enter your user information:
  - a. **USER ID:** First letter of first name, full last name, entire DOB  
i. EX: Judy Smith-Doe DOB:01/25/1973      USER ID: jsmithdoe01251973
  - b. **PASSWORD:** Full Last name, first letter of first name, last four of Social Security Number (SSN)  
i. EX: Judy Smith-Doe SSN: 123-45-6789      PASSWORD: smithdoej6789
3. Click the Sign In button to enter the system
4. Follow the system prompts to review the benefit options and begin making elections
5. Note: A confirmation statement will appear when the enrollment is complete. Please save or print for your records.

## You cannot access the Open Enrollment website until November 13, 2017

If you do not have the Employee Guide to BenXcel, go to the Employee Benefits link on the County's website at [www.slocounty.ca.gov](http://www.slocounty.ca.gov). Click on the "2018 Open Enrollment" link to obtain a copy of the Employee Guide. This guide will help you establish a username and/or obtain your password. If you **do not have** a BenXcel User Account, are **unable to create** a username, or have **forgotten** your username and/or password, you must call BCC at **1.800.685.6100** for assistance.

## Need Help with Online Enrollment?

A Human Resources representative will be available to assist employees and retirees with online enrollment at the Kimball Computer Lab at 1144 Monterey Suite C San Luis Obispo from 9 - 4 PM on November 13, 21 and 27. No appointments needed.

# OPEN ENROLLMENT EDUCATIONAL WORKSHOPS



The Benefits team will review the medical plan changes to help employees and retirees make their elections, introduce new benefit programs, and take questions. **To register for a workshop please visit [www.slocoldc.org](http://www.slocoldc.org).** Registration for each workshop will be closed when capacity is filled. If you plan to attend, please be sure to register. A copy of the presentation will also be available at [www.slocounty.ca.gov](http://www.slocounty.ca.gov).

Date	Time	Location	Room	Notes
10/16	1:00-2:30pm	<b>SLO Ludwick Community Center:</b> 864 Santa Rosa St, SLO 93401	Gym	Retiree Only Meeting
10/17	10:00-11:30am	<b>SLO Health Agency Campus:</b> 2191 Johnson Ave SLO 93401	Library Conference Room	Open to Employees
10/17	1:30-3:00pm	<b>SLO Adult Probation:</b> 1730 Bishop St, SLO 93401	Casa Classroom	Open to Employees
10/18	9:00-10:30am	<b>Government Center:</b> 1055 Monterey St, SLO 93408	BOS Chambers	Open to Employees & Retirees
10/19	3:00-4:30pm	<b>SLO DSS:</b> 3433 S. Higuera St SLO 93403	Room 101	Open to Employees
10/23	9:00-10:30am	<b>Atascadero Library:</b> 6555 Capistrano Ave, Atascadero, 93422	Conference Room	Open to Employees & Retirees
10/23	1:00-2:30pm	<b>Paso DSS:</b> 406 Spring St, Paso Robles 93446	Conference Room #1	Open to Employees
10/24	1:30-3:00pm	<b>Government Center</b> 1055 Monterey St, SLO 93408	BOS Chambers	Open to Employees & Retirees
10/25	9:00-10:30am	<b>Government Center</b> 1055 Monterey St, SLO 93408	RM 161/162	Open to Employees
10/26	1:30-3:00pm	<b>Government Center</b> 1055 Monterey St, SLO 93408	RM 161/162	Open to Employees
10/30	10:00-11:30am	<b>Government Center</b> 1055 Monterey St, SLO 93408	RM 161/162	Open to Employees
10/30	3:00-4:30pm	<b>SLO Sheriff</b> 1585 Kansas Avenue, SLO 93405	Lowgren Auditorium	Open to Employees & Retirees
11/1	10:00-11:30am	<b>South County Regional Center</b> 800 W Branch St Arroyo Grande 93420	Main Hall	Open to Employees & Retirees
11/1	1:00-2:30pm	<b>South County Regional Center</b> 800 W Branch St Arroyo Grande 93420	Main Hall	Open to Employees & Retirees

# WHO CAN YOU COVER?



## WHO IS ELIGIBLE?

Permanent, Part-time and Full-time employees working 20 or more hours per week are eligible for the benefits as outlined in your respective labor agreements. You can enroll the following family members in medical, dental and vision plans.

1. Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
2. Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit.
3. Your children (including stepchildren or domestic partner's children):
  - o Children under age 26 are eligible to enroll in health coverage. They do not have to live with you or be enrolled in school.
  - o Children you have legal guardianship of or those named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
  - o Children over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - o **ACTION NEEDED:** To certify any disabled dependents over age 26, please follow the directions below:
    1. Obtain the Disable Dependent Certification Form on [www.slocounty.ca.gov](http://www.slocounty.ca.gov)
    2. **Complete and return the form to Human Resources Department: Benefits at [HR@co.slo.ca.us](mailto:HR@co.slo.ca.us)**

## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

1. Parents, grandparents, siblings and former spouses.
2. Any individual who is covered as an employee of County of San Luis Obispo cannot also be covered as a dependent.
3. Employees who work fewer than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.
4. Stepchildren of former spouses or dependents without a legal arrangement.

## ENROLLMENT PERIODS AND QUALIFYING EVENTS

Coverage for new permanent employees begins on the 1st of the month following date of hire. After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying event.

**It is your responsibility to login online at [www.benxccl.net](http://www.benxccl.net) within 31 days if you have a qualifying event outside of Open Enrollment and you would like to make changes.**

### Qualifying Events Include:

- Marriage, divorce or death
- Birth or adoption of a baby or child
- Loss of other group healthcare coverage
- New eligibility for other group healthcare coverage
- Status change from Temporary to Permanent
- Retirement
- Returning to work from non-pay status/leave

# DEPENDENT ELIGIBILITY DOCUMENTATION

Dependent Type	Required Documentation	Resources to Obtain Documentation
<b>Dependent Spouse (same or opposite gender)</b>	Add: Marriage Certificate Remove: Divorce Decree	<ul style="list-style-type: none"> <li>County office that issued original marriage Certificate</li> <li><a href="http://www.vitalchek.com">www.vitalchek.com</a></li> </ul>
<b>Registered Domestic Partner</b>	Add: State of California, County or City issued Declaration/Certificate of Domestic partnership Remove: Termination of Domestic Partnership	<ul style="list-style-type: none"> <li>County/City office that issued original certificate</li> <li><a href="http://www.sos.ca.gov/dpregistry/">http://www.sos.ca.gov/dpregistry/</a></li> </ul>
<b>Dependent child by birth</b>	Birth Certificate (must include parents name), <u>and/or</u> copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage.	<ul style="list-style-type: none"> <li>County office that issued original birth certificate</li> <li>Hospital in which child was born</li> <li>U.S. Department of State (for children born outside of the U.S)</li> <li>Social Security Administration</li> <li><a href="http://www.vitalchek.com">www.vitalchek.com</a></li> </ul>
<b>Dependent child by adoption</b>	Final Adoption Papers <u>and/or</u> copies of any court orders, divorce decrees or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> <li>State agency that issued final adoption papers</li> <li>Adoption agency that issued placement papers</li> <li>Social Security Administration</li> </ul>
<b>Dependent stepchild(ren)</b>	Marriage Certificate <u>and</u> Birth Certificate (must include parents name), and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions	<ul style="list-style-type: none"> <li>County office that issued original birth certificate</li> <li>Hospital in which child was born</li> <li>U.S. Department of State (for children born outside of the U.S)</li> <li>Social Security Administration</li> <li><a href="http://www.vitalchek.com">www.vitalchek.com</a></li> </ul>
<b>Dependent child Legal Guardianship</b>	Birth Certificate (must include parents name), <u>and</u> copies of any court orders or other legal documents relating to custody or health coverage	<ul style="list-style-type: none"> <li>County office that issued original birth certificate</li> <li>Hospital in which child was born</li> <li>U.S. Department of State (for children born outside of the U.S)</li> <li>Social Security Administration</li> <li><a href="http://www.vitalchek.com">www.vitalchek.com</a></li> </ul>

**Note: Social Security Numbers (SSN) are required to enroll all dependents. For the birth of a child, you will have 60 days to provide the SSN.**

# BENEFIT RESOURCES

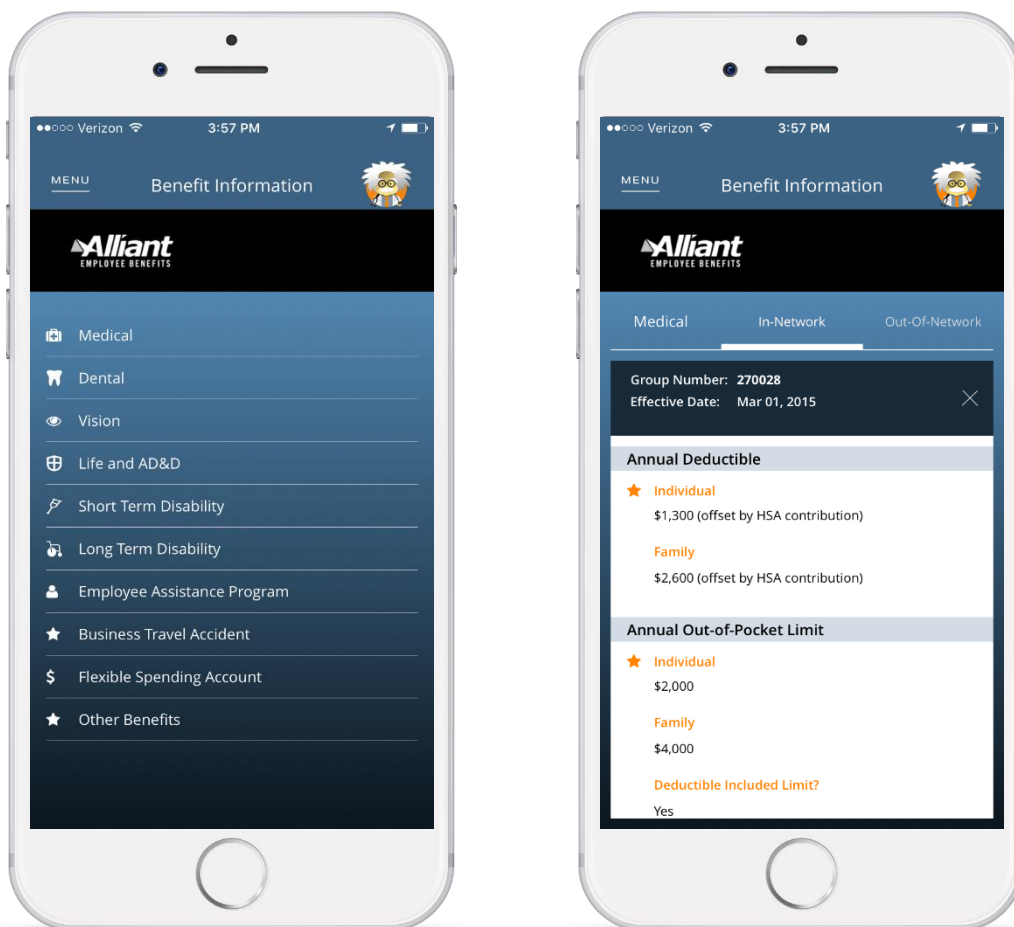
## MEET BEN-IQ

Ben-IQ is a free app that includes much of the information that's included in this brochure, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

### GETTING STARTED WITH BEN-IQ – (Download the application on January 1, 2018)

1. Download and launch the app from the app store.
2. Enter your assigned username: **SLO**
3. Read and agree to the Terms and Conditions.

Take a tour of [Ben-IQ](#). It will walk you through all of the features that are available to you by downloading the app. You will learn how to review the plan summaries and where to find important contacts like our nurse line. You can store and organize ID cards by using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members to.





# NEW PROGRAM- CARRUM HEALTH

## Your New Surgery Benefit!

Carrum Health is a voluntary surgery benefit program that offers specific surgeries at Centers of Excellence with top-quality hospitals and surgeons. Eligible members with a qualifying surgery are able to participate in this plan for no out of pocket cost. Eligible members include benefit eligible active employees, early retirees (Non-Medicare), COBRA participants and their dependents who are enrolled in PPO or EPO health plans. There is no additional cost to employees for this benefit.

This benefit is separate from and in addition to the benefits already provided under Anthem medical plans. This benefit is not administered by Anthem and must be accessed directly through Carrum Health.

Carrum Health is specifically designed to deliver a superior end-to-end healthcare experience for you and your family

- You will have special access to “Centers of Excellence” which are hospitals and surgeons that have been vetted for providing top-quality care and achieving better outcome!
- There are no medical bills! Co-insurance and deductibles will be waived
- Travel expenses (if applicable) will be covered for the patient and an adult companion!

### Want to Get Started?

Contact 1-888-855-7806 or visit  
[my.carrumhealth.com/eiahealth](http://my.carrumhealth.com/eiahealth)



## PERSONALIZED support throughout your journey

Planning for surgery and navigating the healthcare system can be a daunting task. That’s why Carrum Health lends a helping hand. We assign a personal **Care Concierge** to guide you through the entire episode of care. From selecting the right hospital and surgeon, to gathering medical records, scheduling surgery, assisting with travel (if needed) for you and a companion and coordinating post discharge recovery care – your **Care Concierge** will be there to help every step of the way.



## TOP QUALITY hospitals and doctors in California

At Carrum Health we have identified regional “**Centers of Excellence**”, which are hospitals and surgeons that have demonstrated the best results, fewest complications and highest level of personalized care – meaning patients experience a smoother recovery and get back to health sooner.



## ZERO out of pocket costs\*

Medical bills are confusing and can seem never-ending – especially for surgery. Determining if they are accurate, when they will stop and how much you will end up paying is incredibly frustrating. If you choose Carrum Health for your surgery, you will know exactly what it will cost beforehand, if anything at all. In most cases\*, the plan will **cover 100% of all costs**, potentially saving you thousands of dollars. No medical bills, no confusion and no surprises.

# FREQUENTLY ASKED QUESTIONS (FAQs)

**Can I continue with CalPERS medical plans?** No. All CalPERS plans will terminate on December 31, 2017.

**Will my medical coverage automatically transfer over from CalPERS to EIAHealth?** No. All employees will be required to login to BenXcel online and select a new medical plan which includes those who currently waive or opt out of County medical. For employees that waive County medical insurance you will be able to select a waive option. To help with your decision we have identified equivalent EIA Health plans which are outlined below. **Employees that fail to make an election or provide required documentation during 2018 Open Enrollment will be defaulted into the Anthem Select plan.**

2017 PLAN	2018 EQUIVALENT PLAN	PLAN DESIGN AND NETWORK COMPARISON
CalPERS Select PPO	Anthem Select PPO	Same PPO Plan Design + Same Network
CalPERS Choice PPO	Anthem Choice PPO	Same PPO Plan Design + Same Network
CalPERS Care PPO	Anthem Care PPO	Same PPO Plan Design + Same Network
Blue Shield Access + HMO	Anthem EPO	Same HMO Plan Design + PPO Network
Anthem Traditional HMO	Anthem EPO	Same HMO Plan Design + PPO Network
United Healthcare Signature Alliance HMO	Anthem EPO	Same HMO Plan Design + PPO Network
PORAC PPO	Anthem Peace Officer PPO	Same Plan Design + Same Network

**Will my dependent(s) coverage automatically transfer over for medical insurance?** No, you will need to login to BenXcel online and add dependents to your medical plan. To assist you with this, your current dependents will be preloaded into the BenXcel system. You can then select from these dependents or add a new dependent to enroll them in your coverage. Dependents must be added individually to each benefit plan (ex. Medical, dental, vision). Social Security Numbers (SSN) are required to enroll dependents.

**Do I have to provide eligibility documents (ex: birth or marriage certificates) for dependents already on my insurance plans?** No, for current plan dependents you do not have to provide eligibility documents again. Eligibility documentation will be required for all new dependents.

**Do I need to take action for my dental and vision insurance?** No, your dental and vision elections will remain the same. No action is needed unless you would like to edit dependents and coverage level. Dental and vision enrollment is mandatory for all employees.

**Do I need to take action for life insurance, disability, accident or critical illness insurance?** No. There are no changes to these plans. Your current elections will remain unchanged unless you login to BenXcel to make changes during 2018 Open Enrollment.

# FREQUENTLY ASKED QUESTIONS (FAQs)

**How do I find a Provider?** Go to: [www.anthem.com/ca/EIAhealth](http://www.anthem.com/ca/EIAhealth)

- Click on Find a Doctor or skip to the next step
- Select Search as a Guest unless you are a member
- Select Through my Employer under “How do you get Insurance?”
- Select Medical, under “What type of care are you searching for”?
- Select California, or the state you are searching for a provider in
- Select the network you are searching for. See below for networks available:

Network Name	Plan Name	Network Info
<b>Blue Cross PPO (Prudent Buyer) Large Group</b>	EIA Anthem Choice, Care, EPO & Peace Officer	Anthem’s nationwide PPO network
<b>Select PPO</b>	Anthem Select	Narrow Network of providers on Anthem’s nationwide PPO network
<b>National BlueCard PPO Network</b>	All Plans-Out of State	Out of State providers on Anthem’s nationwide PPO network

- On the next screen, enter the type of doctor, specialty, and location of where you are searching. The defaults are Doctor/Medical Professional in Family/General Practice, Internal Med.
  - If you want to find a specialist you will have to search by their specialty from the drop-down list
  - You can also search by a specific doctor by entering the name and click search

**Can I refill my current prescription at the pharmacy after January 1, 2018?** Yes, you can refill your prescription at a participating Express Scripts pharmacy. You must show them your new Express Scripts ID card.

**I will have to change my providers on January 1, 2018. Does my new provider have to write a new prescription for my maintenance medication?** No, you can use your current prescription to refill your medication after January 1, 2018 at a participating Express Scripts pharmacy. You must show them your new Express Scripts ID card.

**Does the new Anthem EPO plan have an out-of-network benefit?** No, there are no out-of-network benefits with an EPO plan. When members use non-preferred providers, they must pay the applicable provider services cost. Charges do not count toward the calendar year deductible or out-of-pocket maximum. See page 13 for more information.

**I am a new employee. What happens to my cafeteria contribution if I waive medical insurance?** Enrollment in dental and vision plans are mandatory, but enrollment in medical insurance is optional with proof of other group coverage. If you waive medical, the County will pay your dental and vision premiums, but you will not receive the remaining balance of your cafeteria contribution.

# MEDICAL ANTHEM PPO

	Anthem Select PPO		Anthem Choice PPO		Anthem Care PPO	
2017 PLAN EQUIVALENT	CalPERS Select PPO		CalPERS Choice PPO		CalPERS Care PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>						
<b>Individual Family</b>	\$500 \$1,000		\$500 \$1,000		\$500 \$1,000	
<b>Annual Out-of-Pocket Maximum</b>						
<b>Individual Family</b>	\$3,000 \$6,000	None	\$3,000 \$6,000	None	\$2,000 \$4,000	None
<b>Physician Office Visit Deductible Waived</b>	\$20	40%	\$20	40%	\$20	40%
<b>Specialist Copay Deductible Waived</b>	\$20	40%	\$20	40%	\$20	40%
<b>Preventative Care</b>	No Charge	40%	No Charge		No Charge	
<b>Lab and X-Ray</b>						
<b>CT, MRI, PET scans</b>	20%	40%	20%	40%	10%	40%
<b>Other lab and x-ray tests</b>	20%	40%	20%	40%	10%	40%
<b>Hospitalization</b>						
<b>Inpatient</b>	20%	40%	20%	40%	\$250 + 10%	\$250 + 40%
<b>Outpatient</b>		40%	20%	40%	10%	40%
<b>Emergency Room</b>	\$50 + 20% (waived if admitted)	\$50 + 20% (waived if admitted)	\$50 + 20% (waived if admitted)	\$50 + 20% (waived if admitted)	\$50 + 10% (waived if admitted)	
<b>Urgent Care Services</b>	\$20	40%	\$20	40%	\$20	40%
<b>Durable Medical Equipment</b>	20%	40%	20%	40%	10%	40%
<b>Chiropractic/ Acupuncture Care</b>	\$15  (20 visits combined with acupuncture / calendar year)	40%	\$15  (20 visits combined with acupuncture / calendar year)	40%	\$15  (20 visits combined with acupuncture / calendar year)	40%
	<b>PREMIUMS</b>					
<b>Plan/Coverage Type</b>	<b>Anthem Select PPO Monthly Cost</b>		<b>Anthem Choice PPO Monthly Cost</b>		<b>Anthem Care PPO Monthly Cost</b>	
<b>Single</b>	\$518.00		\$584.00		\$608.00	
<b>Two Party</b>	\$1,023.00		\$1,154.00		\$1,204.00	
<b>Family</b>	\$1,334.00		\$1,504.00		\$1,571.00	
<b>Provider Network</b>	Select PPO – This is a narrow network.		Blue Cross PPO (Prudent Buyer) - Large Group		Blue Cross PPO (Prudent Buyer) - Large Group	

Note for Out-of-Network benefits - member is responsible for coinsurance in addition to any charges over the allowable amount. When members use non-preferred providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Anthem's allowable amount. Charges in excess of the allowable amount do not count toward the calendar year deductible or out-of-pocket maximum.

# MEDICAL ANTHEM PPO & EPO



	Anthem EPO	Anthem Peace Officer PPO*	
2017 PLAN EQUIVALENT		PORAC	
	In-Network Only	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>			
<b>Individual/Family</b>	None	\$300 / \$900	\$600 / \$1,800
<b>Annual Out-of-Pocket Maximum</b>			
<b>Individual / Family</b>	\$1,500 / \$3,000	\$4,500 / \$9,000	
<b>Physician Office Visit</b>	\$15 / visit	\$20	10%
<b>Specialist Copay</b>	\$15 / visit	\$20	10%
<b>Preventative Care</b>	No Charge	No Charge	10%
<b>Lab and X-Ray</b>			
<b>CT, MRI, PET scans</b>	No charge	10%	10%
<b>Other lab and x-ray tests</b>	No Charge	10%	10%
<b>Hospitalization</b>			
<b>Inpatient</b>	No Charge	10%	10%
<b>Outpatient</b>	No Charge	10%	10%
<b>Emergency Room</b>	\$50		
	(waived if admitted)	10%	10%
<b>Urgent Care Services</b>	\$15 copay	10%	10%
<b>Durable Medical Equipment</b>	No Charge	20%	20%
<b>Chiropractic / Acupuncture Care</b>	\$15 / visit (20 visits per calendar year combined with acupuncture)	\$20 (20 visits combined with acupuncture/calendar year)	10%
	PREMIUMS		
<b>Plan/Coverage Type</b>	Anthem EPO Monthly Cost	Anthem Peace Officer PPO* Monthly Cost	
<b>Single</b>	\$719.00	\$607.00	
<b>Two Party</b>	\$1,431.00	\$1,203.00	
<b>Family</b>	\$1,868.00	\$1,569.00	
<b>Provider Network</b>	Blue Cross PPO (Prudent Buyer) - Large Group	Blue Cross PPO (Prudent Buyer) - Large Group	

\*Registered Peace Officers Only

# PHARMACY BENEFITS



	Anthem Medical EPO	Anthem Medical PPO Plans			
	EPO	Choice	Select	Care	Peace Officer
<b>Retail Pharmacy</b>					
<b>Annual Out-of-Pocket Limit</b>	\$5,350 individual / \$10,700 family	\$2,000 individual / \$4,000 family			\$2,650 individual / \$5,300 family
<b>Generic</b>	\$5 copay	\$5 copay			\$10 copay
<b>Preferred Brand</b>	\$20 copay	\$20 copay			\$25 copay
<b>Non-preferred Brand</b>	\$50 copay	\$50 copay			\$45 copay
<b>Supply Limit</b>	30 days	30 days			30 days
<b>Mail Order</b>					
<b>Annual Out-of-Pocket Limit</b>	\$1,000 Mail Order	\$1,000 Mail Order			None
<b>Generic</b>	\$10 copay	\$10 copay			\$20 copay
<b>Preferred Brand</b>	\$40 copay	\$40 copay			\$40 copay
<b>Non-preferred Brand</b>	\$100 copay	\$100 copay			\$75 copay
<b>Compound Drug</b>	N/A	N/A			\$45 copay
<b>Supply Limit</b>	Up to 100 days	90 days			90 days

Watch the video below to learn about Specialty Pharmacy



# PHARMACY BENEFITS

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Express Scripts will be your new pharmacy provider for retail and mail order prescriptions replacing Optum Rx and CVS Caremark. Below are the prescription drug benefits that are included with our medical plans.

- You will receive an Express Scripts ID card in the mail and must use this ID card when you go to your local pharmacy to disburse your medications.
- If you are using a mail order maintenance medication, you will need to have your doctor submit a new prescription to Express Scripts after January 1, 2018.
- There may be some changes to the formulary. Please register and search for a pharmacy at [express-scripts.com](http://express-scripts.com). If you receive mail from Express Scripts, please make sure to read the content since it will be a notice of a potential change to prescription drug(s) that you are currently taking.

## Getting Started with Home Delivery from the Express Scripts Pharmacy<sup>SM</sup> Online access to savings and convenience

Whether you are viewing the member website or using the Express scripts mobile app\*, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and Renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more

### To access the member website after January 1, 2018)

Login to [express-scripts.com](http://express-scripts.com) (Register if it's your first visit. Just have your member ID or SSN handy.)

### If you have a NEW prescription

**Get started** by selecting "Getting Started" from the menu under *Health & Benefits Information*—It's easy to print forms to submit your new prescription to the Express Scripts Pharmacy. You can also *Get the app*.

**Or** contact your doctor to request a 90-day prescription that he or she can send directly to Express Scripts.

**Or** call us and we'll contact your doctor for you.

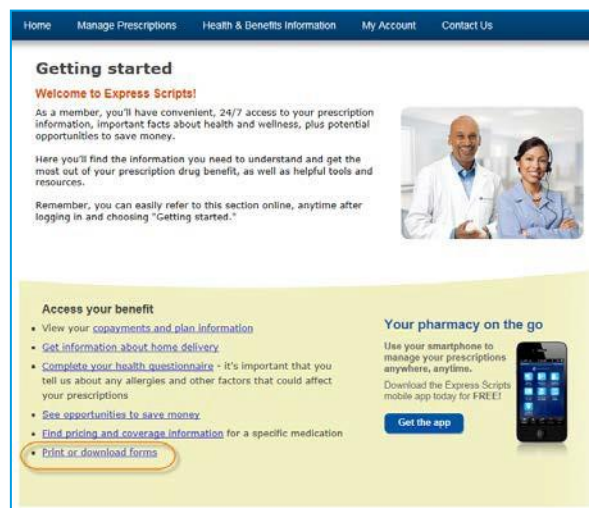
**Please allow 8 to 10 days for your first prescription order to be shipped.**

### If you have a prescription

**Check Order Status** online or using our app to view details and track shipping, or *View All Orders*.

**Transfer retail prescriptions to home delivery.** Just click *Add to Cart* for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

**Refill and Renew Prescriptions** for yourself and your family while online or while using our app just click *Add to Cart* for eligible prescriptions. **Watch the video below to learn about Express Scripts Pharmacy Benefit Manager**



# DENTAL



San Luis Obispo County gives you a choice between two dental plans through Aetna and Delta Dental. All employees are required to enroll in a Dental plan. Please refer to the Benefit Summaries for detailed information on how the plan will pay for services. A summary of the plans available to choose from is below:

	Aetna Dental DHMO	Delta Dental DPPO		
	In-Network	In-Network	Out-Of-Network	
Calendar Year Deductible	\$0	\$25 / per person (combined with in-network)	\$25 / per person (combined with in-network)	
Annual Plan Maximum	None	\$1,500	\$1,000	
Waiting Period	None	None	None	
Diagnostic and Preventive	Diagnostic pays: 100% Preventive various copays apply	Plan pays: 100%	Plan pays: 100%	
Basic Services				
Fillings	Plan pays: 100%	Plan pays: 90% after deductible	Plan pays: 80% after deductible	
Root Canals	Various copays apply	Plan pays: 90% after deductible	Plan pays: 80% after deductible	
Periodontics	Various copays apply	Plan pays: 90% after deductible	Plan pays: 80% after deductible	
Major Services	Various copays apply	Plan pays: 50% after deductible	Plan pays: 50% after deductible	
Orthodontic Services				
Orthodontia	Patient pays: Screening \$30.00  Diagnostic Records \$150.00  Treatment \$1,545.00  Retention \$275	Plan pays: 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply)	Plan pays: 50% up to \$1,500 Lifetime Maximum (Calendar deductible does not apply)	
Lifetime Maximum	None (limited to one full course of treatment)	\$1,500 Child or Adult	\$1,500 Child or Adult (combined with in-network)	
PREMIUMS				
	Aetna Dental DHMO Premium		Delta Dental PPO Premium	
Plan/Coverage Type	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Single	\$15.94	\$31.88	\$25.12	\$50.24
Two Party	\$26.36	\$52.72	\$42.70	\$85.40
Family	\$38.94	\$77.88	\$65.30	\$130.60

# VISION



Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions. All employees are required to enroll in a vision plan. We offer you a vision plan through Vision Service Plan (VSP).

VSP Vision		
	In-Network	Out-Of-Network
<b>Examination</b>		
<b>Benefit</b>	\$10 copay then plan pays 100%	Plan pays up to \$50
<b>Frequency</b>	1 x every 12 months	In-network limitations apply
<b>Materials</b>	\$10 copay then plan pays 100%	Plan pays 100% (see schedule below)
<b>Eyeglass Lenses</b>		
<b>Single Vision Lens</b>	\$25 copay then plan pays 100%	Up to \$50
<b>Bifocal Lens</b>	\$25 copay then plan pays 100%	Up to \$75
<b>Trifocal Lens</b>	\$25 copay then plan pays 100%	Up to \$100
<b>Frequency</b>	1 x every 12 months	In-network limitations apply
<b>Frames</b>		
<b>Benefit</b>	Up to \$175	Up to \$70
<b>Frequency</b>	1 x every 24 months	In-network limitations apply
<b>Contacts (In Lieu of Glasses)</b>		
<b>Benefit</b>	Up to \$150	Up to \$105
<b>Frequency</b>	1 x every 24 months	1 x every 24 months
<b>PREMIUMS</b>		
<b>Plan/Coverage Type</b>	<b>Semi-Monthly</b>	<b>Monthly</b>
<b>Single</b>	\$4.77	\$9.54
<b>Two Party</b>	\$7.27	\$14.54
<b>Family</b>	\$11.76	\$23.52

# FLEXIBLE SPENDING ACCOUNT (FSA)



The County of San Luis Obispo offers you the opportunity to participate in a Healthcare and/or Dependent Care Flexible Spending Account (FSA). You may participate in one or both plans. New this year, these programs are now administered by Benefits Coordinator Corporation (BCC) and we will introduce a debit card this year.

## 2018 Healthcare FSA \$2,600 Maximum

- Pay for eligible out-of-pocket healthcare expenses with pre-tax dollars
- Eligible expenses include medical, dental, or vision costs such as plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents

## 2018 Dependent Care FSA \$5,000 Maximum

- Pay for eligible out-of-pocket dependent care expenses with pre-tax dollars.
- Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care.
- It is important to note that you can access money only after it is placed into your dependent care FSA account.
- All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult

your tax advisor to determine whether you should enroll in this plan.

## IMPORTANT CONSIDERATIONS

- **FSA funds are USE IT OR LOSE IT!**
- **All eligible medical expense must occur before 12/31/18.**
- **You have until March 1, 2019 to submit approved receipts or else you will lose the funds.**
- Elections cannot be changed during the plan year, unless you have a qualified change in family status.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- Claim forms may be found on the BCC website, <http://www.benxccl.net>
- Stops on the last day of active employment.

## HOW DO I ENROLL IN AN FSA PLAN?

### ***You must enroll online.***

1. Login to the County's eBenefits site at <http://www.benxccl.net>
2. Choose the amount you would like deducted from your paycheck in 2018
3. If you enroll in the Health FSA, a debit card will be mailed to your address.

# FLEXIBLE SPENDING ACCOUNT (FSA)

## IMPORTANT FSA INFORMATION

### **Online & Mobile Account Access:**

1. Register on My SmartCare Online Portal at <https://www.mywealthcareonline.com/bccsmartcare/>
2. Use your Social Security Number as your Employee ID and your FSA Benefits Debit Card number as your Registration ID when registering.
3. By registering your email address, you will receive important push notifications regarding your account balance, year-end reminders, notice of debit card mailed, etc. You can change these notifications to be delivered via text message under your My SmartCare account settings.
4. If you have questions regarding your account(s) or a specific claim, please contact BCC's Customer Service Center at 1-800-685-6100. Any device issues should be directed to your service provider.

### **New Benefits Debit Card Convenience**

- The Health FSA debit card allows you to avoid out-of-pocket expenses, cumbersome paperwork, and reimbursement delays
- One card can manage multiple account types, such as a Health Care Account, Dependent Care Account
- Swiping your benefits debit card at the point of service deducts the payment directly from your account, giving you instant access to your FSA dollars.
- It can be used at all eligible FSA locations where Mastercard® is accepted.

### **To Enroll in Direct Deposit**

- If you don't use your benefits debit card for payment you may have your reimbursement deposited directly into your checking or savings account. These transactions are reflected on the Explanation of Benefits (EOB).
- To enroll in this optional service, use the Reimbursement Settings in your My SmartCare account to set up your bank account information or obtain an authorization form from your HR Department and submit a completed copy to BCC.

### **Reimbursement Ease**

If you don't have your benefit debit card with you, simply use one of these methods to submit for reimbursement:

#### **Submission Through My SmartCare:**

(No Reimbursement Form required, uploaded photo of substantiation required)

- My SmartCare Online Portal
- My SmartCare Mobile App

#### **Other Electronic Submission:**

(Reimbursement Form and photo of substantiation required)

- E-mail: [fsa-claims@benxcel.com](mailto:fsa-claims@benxcel.com)
- Upload to File Transfer Portal: <https://secure.benxcel.com>

#### **Paper Submission:**

(Reimbursement Form and photo of substantiation required)

- Fax: 412-276-7185
- Mail: BCC, Attn: Claims  
Two Robinson Plaza, Suite 200 Pittsburgh, PA 1520

# BASIC LIFE AND AD&D INSURANCE

## LIFE AND AD&D

This is an employer paid benefit provided to members of Bargaining Units (BU) 4, 6, 7 – 12 and 15-17 only. Employees are automatically enrolled in this plan. No action needed.

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Voya. This is an employer paid benefit provided to members of Bargaining Units (BU) 7 – 11 and 16-17 only.

Class	Amount of Life Insurance	Amount of AD&D Insurance
Class 1	\$50,000	\$50,000
Class 2	\$30,000	\$30,000
Class 3	None	None

Your Life Insurance plan also includes the following:

- An Accelerated Death Benefit – in the event of a terminal illness, 10% of your benefit to a maximum of 50% of your benefit, may be requested to offset medical bills, plan finances or whatever you choose.
- Conversion Privilege - you may request to take the Life and AD&D policy with you upon termination of employment with the District without Evidence of Insurability (EOI). The District policy will be converted to an individual policy.
- Extension of Death Benefit if You Become Totally Disabled - your Life Insurance policy will continue without having to pay the monthly premium if you become totally disabled while insured before you reach age 60.

On the policy anniversary after you attain age 65, the benefit amount is reduced by 35% of the original face amount. On the policy anniversary after you attain age 70, the benefit amount is reduced by 50% of the original face amount. Benefits terminate at retirement, however early retirees may continue coverage until age 65 with Board approval.

Life insurance pays a lump sum death benefit to your beneficiary while AD&D coverage provides benefits to your beneficiary if you suffer loss of life, limb, speech, hearing or sight. Remember to review your beneficiary information during Open Enrollment and update any necessary changes.

# VOLUNTARY LIFE AND AD&D



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. The County is offering a Supplemental Life and AD&D plan to all eligible employees and their families through Voya Financial (ReliaStar Life Insurance Company).

Employee Amount	\$20,000 up to a maximum of \$500,000 in \$10,000 increments
Employee Guaranteed Issue Amount	\$150,000 (New Hire Only)
Spouse Amount	\$20,000 OR 50% of employee amount
Spouse Guaranteed Issue Amount	\$50,000 (New Hire Only)
Child(ren) Amount	\$10,000, not to exceed 100% of employee amount
Child(ren) Guaranteed Issue Amount	\$10,000 (New Hire Only)

**NOTE:** Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75.

**Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

**Evidence of Insurability:** Employees enrolling in voluntary life and AD&D after their initial hire date above the guarantee issue will have to submit an EOI form which requires additional information about your health. Forms are available at the time you enroll.

**Taxes:** Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit.

## COST OF COVERAGE

### Employee and Spouse Rate (per month)

AGE	RATE / \$1,000	AGE	RATE / \$1,000
<25	\$0.07	50 - 54	\$0.38
25 - 29	\$0.08	55 - 59	\$0.62
30 - 34	\$0.10	60 - 64	\$0.935
35 - 39	\$0.118	65 - 69	\$1.783
45 - 49	\$0.23	70+	\$2.885

### Child Rate (per Month)

OPTION	FLAT RATE for \$10,000
	\$1.90

# VOLUNTARY DISABILITY

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

## SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage can replace a portion of your income during the initial weeks of a disabling illness or accident. County employees that are not covered by another STD policy may apply for this offering through Voya Financial (ReliaStar Life Insurance Company).

## LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security. All County employees are eligible to participate except for employees that are covered by County paid or California state long-term disability policy (Example: Safety).

Remember, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Voya Financial (ReliaStar Life Insurance Company).

SHORT-TERM DISABILITY (STD)	
Weekly Benefit Amount	Plan pays 55% covered weekly earnings
Maximum Weekly Benefit	\$1,129
Minimum Weekly Benefit	\$50
Benefits Begin After	
Accident or Sickness	8 <sup>th</sup> day of disability
Maximum Payment Period	12 weeks
Occupational Coverage	Non-occupational coverage (off the job)

LONG TERM DISABILITY (LTD)	
Monthly Benefit Amount	Plan pays 60% covered monthly earnings
Maximum Monthly Benefit	\$10,000
Minimum Monthly Benefit	\$100 / 10%
Benefits Begin After:	
Accident or Sickness	360 days of disability
Maximum Payment Period	SSNRA*
Survivor Benefit	3 months gross monthly benefit

\*Social Security Normal Retirement Age. The premium is based on your current annual salary and age.

# COST OF COVERAGE

A customized rate utilizing your salary and age will be provided for you at [www.benxccl.net](http://www.benxccl.net) during open enrollment for this plan. Rates will change with salary and age throughout the life of your plan.

# VOLUNTARY ACCIDENT



The Accident Insurance plan offered through Aflac provides added protection for expenses related to an accident such as ER visits, hospitalization, physical therapy or specific injuries are also eligible for benefits under this policy. Coverage is provided with no health questions and is paid in addition to your medical coverage. **Wellness Benefit** - this policy includes a Wellness Benefit which gives a covered employee and each covered dependent a single standard annual benefit of \$50 for completing a health screening test once every 12 months.

Employees, their spouses and dependents may apply. A partial list of benefits and benefit amounts are below:

INJURIES REQUIRING SURGERY & HOSPITAL	Lump Sum Benefit Amount
Eye Injury (treatment & surgery within 90 days)	\$250
Tendons/Ligaments	\$400 single / \$600 multiple
Ruptured Disk	\$100 during 1 <sup>st</sup> year/\$400 after 1 <sup>st</sup> year
Torn Knee Cartilage (treatment within 60 days)	\$100 during 1 <sup>st</sup> year/\$400 after 1 <sup>st</sup> year
Hospital Admission	\$1,000
Hospital Confinement (per day up to 365 days)	\$200
Hospital Intensive Care (per day to 30 days)	\$400
Rehabilitation Facility Confinement (per day for 60 days)	\$75
<b>FRACTURES</b>	
Hip/Thigh	\$4,000
Leg	\$2,400
Foot/Ankle/Knee Cap/Forearm/Hand/Wrist	\$2,000
<b>ADDITIONAL BENEFITS</b>	
Emergency Room Treatment (one per accident)	\$125
Major Diagnostic Test (CT,CAT,MRI, EEG)	\$200
Physical Therapy (up to 6 sessions per accident)	\$30
Burns (2 <sup>nd</sup> degree)	\$100 - \$1,000 (10% - more than 35%)
Complete Dislocations	Varies depending on joint affected
Family Lodging (per day if need to travel more than 100 miles for inpatient treatment up to 30 days)	\$100

# VOLUNTARY CRITICAL ILLNESS



The Critical Illness Insurance through Aflac Financial is a limited benefit policy and is not health insurance. The policy pays a benefit on top of any health insurance benefits you currently receive. Critical Illness insurance pays you a lump sum benefit upon initial diagnosis of a covered illness such as cancer, heart attack or stroke. Payments are made directly to you to cover copays and deductibles, at-home care or even your monthly bills.

Employees may select between either a \$15,000 or \$30,000 benefit amount in coverage. Spouse and child(ren) coverage is 50% of employee selected amount.

Covered Critical Illnesses and Additional Benefits	Percentage of \$15,000 or \$30,000 Benefit Amount
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Limited Benefit Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer	\$250 (once per calendar year/insured)

**Additional Diagnosis** – once benefits have been paid for a covered critical illness, Aflac will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

**Reoccurrence** – once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

**Wellness Benefit** - this policy also offers a Wellness Benefit, which provides a \$50 reimbursement for covered annual health screenings per calendar year. Covered health screenings include chest x-ray, colonoscopy, fasting glucose test, blood test for triglycerides or serum cholesterol test, CA 125 test, CA 15-3 test, CEA, cervical cancer, PSA and other screenings.

**Mammography Benefit** – this policy includes a Mammography Benefit of \$200. Benefit pays as follows: a) a baseline mammogram for women age 35 to 39, b) mammogram for women age 40 to 49, inclusive, every two years or more frequently based on physician's recommendation, c) a yearly mammogram for age 50 and over.

Accidental Death & Dismemberment (within 90 days)			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$25,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000

**Note:** An employee must apply for Critical Illness coverage if they would like to add their spouse or child(ren).

# COST OF COVERAGE



## VOLUNTARY ACCIDENT INSURANCE (per month)

The rate you are quoted at enrollment for this plan is fixed and will remain with you throughout the life of your plan with a few exceptions. If you separate from the County you can take this plan and your rate with you.

Employee	\$18.86
Employee and Spouse	\$28.26
Employee and Dependent Child(ren)	\$32.48
Family	\$41.88

## VOLUNTARY CRITICAL ILLNESS INSURANCE (per month)

The rate you are quoted at enrollment for this plan is fixed and will remain with you throughout the life of your plan with a few exceptions. If you separate from the County you can take this plan and your rate with you.

NON-TOBACCO: Employee or Employee + Child(ren)			NON-TOBACCO: EE + SP or FAM (50% benefit for SP/CH)		
Issue Age	\$15,000	\$30,000	Issue Age	\$15,000	\$30,000
18-29	\$7.15	\$12.77	18-29	\$11.48	\$19.92
30-39	\$11.15	\$20.78	30-39	\$17.49	\$31.93
40-49	\$20.96	\$40.40	40-49	\$32.20	\$61.36
50-59	\$39.97	\$78.41	50-59	\$60.71	\$118.38
60+	\$75.90	\$150.28	60+	\$114.61	\$226.18
TOBACCO: Employee or Employee + Child(ren)			TOBACCO: EE + SP or FAM (50% benefit for SP/CH)		
Issue Age	\$15,000	\$30,000	Issue Age	\$15,000	\$30,000
18-29	\$9.75	\$17.98	18-29	\$15.38	\$27.73
30-39	\$17.00	\$32.48	30-39	\$26.26	\$49.48
40-49	\$32.62	\$63.73	40-49	\$49.69	\$96.35
50-59	\$64.37	\$127.22	50-59	\$97.32	\$191.59
60+	\$118.56	\$235.60	60+	\$178.60	\$354.16

# EAP PROGRAM

## EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Anthem EAP can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free for employees.

Help is available 24/7, 365 days a year by telephone at **800-999-7222** resources are available online at [anthemeap.com](http://anthemeap.com)  
Company ID: San Luis Obispo County

## Access to Identity Theft

EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross.

Turn to Employee Assistance Program for help with repairing and protecting your identity. Now more than ever your identity may be at risk. Thieves have become savvy at stealing personal and financial information no matter where you do business. So while you may think your identity is secure, the truth is, it may not be. Employee Assistance Program's ID Recovery can help you avoid the risk of identity theft. And if your identity does happen to be stolen, we can help you get back on track. Our specialists are trained to help you repair and restore your credit status. They're available 24/7 at 800-999-7222, so you can call them whenever you need help. Even better, their services come at no extra cost to you.

### When you call Employee Assistance Program our ID recovery specialists will:

- Consult with you for 30 minutes
- Create an action plan based on your unique level of risk
- Fill out all necessary paperwork for you
- Notify credit agencies and negotiate with creditors
- Restore your credit to pre-theft level
- Offer you materials on credit and ID theft
- Give you guidance as often as you need it

Identity theft can hurt your credit rating, cost you money, take hours or weeks to repair and cause a lot of stress. Let us help you through it. **Call Employee Assistance Program at 800-999-7222** now. You can also log on to our website: [anthemeap.com](http://anthemeap.com); login ID: San Luis Obispo County.

# EAP PROGRAM

## REGISTER FOR AN EAP COURSE NOW! 2017 - 2018 COURSE CALENDAR

COURSE TITLE	DATE	LOCATION	COURSE TITLE	DATE	LOCATION
CAREGIVERS: A GUIDE TO SELF-CARE & RESOURCES	August 23	161/162	HEALTH & WELL-BEING IN THE WORKPLACE	February 2 <sup>nd</sup> , 2018	161/162
POWER OF POSITIVE THINKING	October 4	161/162	NUTRITION NAVIGATOR	March 6, 2018	161/162
FIVE BUCKETS PRINCIPLE: BALANCING WORK & LIFE	October 18	161/162	COMPASSION FATIGUE: INCREASING RESILIENCE	March 29, 2018	DSS
DYNAMICS OF CHANGE MANAGEMENT	November 1	161/162	LIVING WITHIN A REALISTIC BUDGET	April 10, 2018	161/162
MINDFUL MEDITATION	November 15	161/162	LEARNING TO RELAX	April 25, 2018	161/162
NEW YEAR'S RESOLUTIONS	January 23, 2018	161/162	MANAGING PRIORITIES TO MAXIMIZE YOUR DAY	May 15, 2018	161/162
GETTING YOUR AFFAIRS IN ORDER: 5 ESSENTIAL DOCS	January 31, 2018	161/162	PROMOTING FAMILY HEALTH	May 30, 2018	161/162
EMOTIONAL EATING	February 7, 2018	161/162	HEALTHY AGING	June 20, 2018	161/162
			USING TEAMWORK TO PROMOTE SUCCESS & PRODUCTIVITY	June 27, 2018	161/162

### FEATURED UPCOMING COURSES:

#### DYNAMICS OF CHANGE MANAGEMENT

Change is stressful. Learning how to manage and cope with change is vital to our well-being in this ever-changing world. Even if the stress of change is unavoidable, you can learn how to deal effectively with change in the workplace and in your personal life. Discover strategies and tactics that can help you cope with change and take charge of what can be controlled.

#### When:

Wednesday,  
November 1, 2017  
  
10:30am-11:30am

#### Where:

New Government  
Center-First Floor:  
RM 161/162

#### MINDFUL MEDITATION

In our busy, "automatic pilot" lives, we may find that we crave opportunities to be mindful. In this seminar, participants will examine the focus of mindful meditation, define it, explore what it is and isn't, identify its benefits, discuss data that supports mindful meditation and have an opportunity to experience it

#### When:

Wednesday,  
November 15, 2017  
  
10:30am-11:30am

#### Where:

New Government  
Center-First Floor:  
RM 161/162

FOR MORE COURSE DESCRIPTIONS VISIT THE [COUNTY INTRANET BENEFITS WEBPAGE](#)

# PLAN CONTACTS

If you need to reach our plan providers, below is their contact information:

Plan Type	Provider	Phone Number	Website	Policy Number
<b>Medical</b>	Anthem	800. 967.3015	<a href="http://www11.anthem.com/ca/EIAHealth/">www11.anthem.com/ca/EIAHealth/</a>	175075
	Carrum Health	888.855.7806	<a href="http://www.carrumhealth.com/">www.carrumhealth.com/</a>	None
<b>Pharmacy</b>	Express Scripts For EPO/PPO plans	800.496.4165	<a href="http://www.express-scripts.com">www.express-scripts.com</a>	None
<b>Dental</b>	Delta Dental DPPO	800.765.6003 888.335.8227	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	2999-0011
	Aetna Dental DMO	877.238.6200	<a href="http://www.aetna.com">www.aetna.com</a>	883524-001
<b>Vision</b>	VSP	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>	00105558
<b>Life &amp; ADD and Disability Insurance</b>	Voya Basic Life and AD&D, Basic LTD, Voluntary Life and AD&D, Voluntary STD & LTD	1.800.955.7736 9:00am to 6:30pm ET Monday – Friday	<a href="http://www.voya.com">www.voya.com</a>  Personalized plan documents are not provided for these plans. Group plan documents and claim forms are available on the Benefits Website	CSAC EIA 31640-7 Act 37
<b>Critical Illness &amp; Accident Insurance</b>	AFLAC Accident Critical Illness	1.800.433.3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>  Personalized plan documents are not provided for these plans. Group plan documents and claim forms are available on the Benefits Website	CA17800 C21000
<b>Employee Assistance Program</b>	Anthem EAP	1.800.999.7222	<a href="#">Anthem EAP</a> Company Code: San Luis Obispo County	None
<b>Employee Self-Service FSA COBRA</b>	Benefits Coordinators Corporation (BCC)	800.685.6100	<a href="http://www.benxcel.net">www.benxcel.net</a>	None
<b>Human Resources</b>	None	805.781.5959 hr@co.slo.ca.us	<a href="http://www.slocounty.ca.gov/hr">www.slocounty.ca.gov/hr</a> Type, “2018 Open Enrollment” in the search box or navigate to Departments – Human Resources - Benefits	None

# IMPORTANT TERMS TO LEARN

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms, explained below in plain English.

## MEDICAL

**OUT-OF-POCKET COST** - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

**DEDUCTIBLE** - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

**COINSURANCE** - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

**COPAY** - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

**IN-NETWORK / OUT-OF-NETWORK** - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

**OUT-OF-POCKET MAXIMUM** - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-

of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

## PRESCRIPTION DRUG

**BRAND NAME** - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

**GENERIC DRUG** - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

**PREFERRED DRUG** - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

## DENTAL

**BASIC SERVICES** - Dental services such as fillings, routine extractions and some oral surgery procedures.

**DIAGNOSTIC AND PREVENTIVE SERVICES** - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

**MAJOR SERVICES** - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

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